

EPA General Permit WAG130000 - Annual Report



Annual Report of Operations for Year 2019

To comply with NPDES General Permit No. WAG130000 for Federal Aquaculture Facilities and Aquaculture Facilities Located in Indian Country within the Boundaries of the State of Washington

NPDES # for your Facility:

WAG 130022

Facility & Owner Information

| | |
|---|----------------------------|
| Facility Name: <u>U.S. Fish and Wildlife Service, Quilcene National Fish Hatchery</u> | |
| Operator Name (Permittee): <u>Department of the Interior</u> | |
| Address: <u>281 Fish Hatchery Road</u> <u>Quilcene, WA 98376</u> | |
| Email: <u>dan_magneson@fws.gov</u> | Phone: <u>360-765-3334</u> |
| Owner Name (if different from operator): <u>Dan Magneson</u> | |
| Email: | Phone: |

Best Management Practices (BMP) Plan

Has the BMP Plan been reviewed this year? ☒ Yes ☐ No

Does the BMP Plan fulfill the requirements of the General Permit? ☒ Yes ☐ No

Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.



ICIS
2/12/2020
SR

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Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): 31,598
Pounds of food fed to fish during the maximum month: 3960

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

| Species | Fish Produced | Receiving Water(s) to which Fish were Released | Month Released/Spawned |
|---------|---------------|--|------------------------|
| Coho | 29,952 lbs | Big Quilcene River | April 2019 |
| | | | |
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Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

| Month | Total Fish (lbs) | Fish Feed (lbs) | Month | Total Fish (lbs) | Fish Feed (lbs) |
|----------|------------------|-----------------|-----------|------------------|-----------------|
| January | 22643 | 1888 | July | 8647 | 2376 |
| February | 24051 | 1848 | August | 13553 | 3960 |
| March | 26764 | 3432 | September | 17033 | 2948 |
| April | 32210 | 3520 | October | 19191 | 2200 |
| May | 4460 | 1716 | November | 19189 | 1452 |
| June | 5096 | 792 | December | 21744 | 1452 |

Additional Comments:

Our "C" and "D" Raceway Banks Received An Epoxy Coating During 2019.

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Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

| Type of Solid Disposed | Date Disposed | Location Disposed |
|------------------------|---------------|-------------------|
| | | |
| | | |
| | | |
| | | |

Additional Comments: *Fish (Juvenile) Mortalities to Landfill Operation via Commercial Garbage Hauling Service. Adults (Spawned and Mortalities) buried on Station Property.*

Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

| Date | Cause of Deaths | Steps Taken to Correct Problem | Pounds of Fish |
|------|-----------------|--------------------------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Additional Comments: *No Instances of Mass Mortalities During 2019*

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Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

None.

Inspections & Repairs for Production & Wastewater Treatment Systems

| Date Inspected | Date Repaired | Description of System Inspected and/or Repaired |
|-----------------|--------------------|---|
| <i>May 2019</i> | <i>None Needed</i> | <i>All Fish Production - Related Piping, Fixtures and Concrete Surfaces</i> |
| | | |
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Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**.

Describe the use of each drug/chemical in more detail on the following pages.

| Used in the past year? | Drug or Chemical |
|--|---|
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Azithromycin |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Chloramine-T: <i>See additional reporting requirements on page 7</i> |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Chlorine |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Draxxin |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Erythromycin - injectable |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Erythromycin - medicated feed |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Florfenicol (Aquaflor) |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i> |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Herbicide - describe: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Hormone - describe: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i> |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Iodine: <i>See additional reporting requirements on page 7</i> |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Oxytetracycline |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Potassium Permanganate: <i>See additional reporting requirements on page 7</i> |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Romet |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | SLICE (emamectin benzoate) |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Sodium Chloride - salt |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Vibrio vaccine |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Other: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Other: |

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Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

SEE
ATTACHED
SHEET

| | | | |
|---|---|--|--|
| Brand Name: <u>Western Chemical</u> | | Generic Name: <u>Parasite-S</u> | |
| Reason for use: | | | |
| <input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed | Total quantity of formulated product per treatment (specify units): <u>4.0 gallons</u> | Total quantity of formulated product used in past year (specify units): <u>286 gallons</u> | |
| Date(s) of treatment: <u>August 30, 2019 - November 4, 2019</u> | | | Total number of treatments in past year: <u>28</u> |
| Maximum daily volume of treated water: | Treatment concentration (specify units): | Duration and frequency of treatment(s): <u>M-W-F 4.0 gallons dispensed over 20 minutes into 300 g.p.m. flows</u> | |
| Method of application: | <input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through | <input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe): | |
| Location in facility chemical was used (check all that apply): | <input checked="" type="checkbox"/> Raceways <input type="checkbox"/> Incubation building | <input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin | <input type="checkbox"/> Other (describe): |
| Where did water treated with this chemical go? (check all that apply): | <input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin | <input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works | <input type="checkbox"/> Other (describe): |
| Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <u>Metered out by pump. All is routed to EPA Settling Pond</u> | | | |

SEE
ATTACHED
SHEET

| | | | |
|---|---|---|---|
| Brand Name: <u>Hach</u> | | Generic Name: <u>25569-00 Free Chlorine Reagent Set</u> | |
| Reason for use: <u>Measure/Monitor Free Chlorine Levels</u> | | | |
| <input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed | Total quantity of formulated product per treatment: <u>each set = 946 mls.</u> | Total quantity of formulated product used in past year (specify units): <u>9460 mls</u> | |
| Date(s) of treatment: <u>January 1, 2019 - December 31, 2019</u> | | | Total number of treatments in past year: <u>All 365 days</u> |
| Maximum daily volume of treated water: | Treatment concentration (specify units): | Duration and frequency of treatment(s): <u>Continuous</u> | |
| Method of application: | <input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through | <input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe): | |
| Location in facility chemical was used (check all that apply): | <input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building | <input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin | <input checked="" type="checkbox"/> Other (describe): <u>Domestic Water System</u> |
| Where did water treated with this chemical go? (check all that apply): | <input checked="" type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin | <input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works | <input type="checkbox"/> Other (describe): |
| Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: | | | |

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Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

SEE ATTACHED SHEET

| | | | |
|--|---|--|---|
| Brand Name: <u>Western Chemical</u> | | Generic Name: <u>Ovadine (PVP Iodine)</u> | |
| Reason for use: <u>Egg Hardening Plus As A General Disinfectant</u> | | | |
| <input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed | Total quantity of formulated product per treatment (specify units): <u>1860 mls</u> | Total quantity of formulated product used in past year (specify units): <u>20 1/2 gallons</u> | |
| Date(s) of treatment: <u>9/24; 10/1; 10/8; 10/15; 10/22; 10/29; 11/5</u> | | | Total number of treatments in past year: <u>7</u> |
| Maximum daily volume of treated water: | Treatment concentration (specify units): | Duration and frequency of treatment(s): <u>Eggs are simply water-hardened for 30 minutes in this prepared (mixed) solution</u> | |
| Method of application: | <input checked="" type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through | <input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe): | |
| Location in facility chemical was used (check all that apply): | <input type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building | <input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin | <input type="checkbox"/> Other (describe): |
| Where did water treated with this chemical go? (check all that apply): | <input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin | <input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works | <input type="checkbox"/> Other (describe): |
| Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <u>All is routed to EPA Settling Pond</u> | | | |

SEE ATTACHED SHEET

| | | | |
|---|--|---|---|
| Brand Name: <u>Western Chemical</u> | | Generic Name: <u>1.75% Iodine</u> | |
| Reason for use: <u>Disinfection of Fish Cultural Implements</u> | | | |
| <input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed | Total quantity of formulated product per treatment: | Total quantity of formulated product used in past year (specify units): <u>1/2 gallon</u> | |
| Date(s) of treatment: <u>Year-Round On Outdoor Raceways</u> | | | Total number of treatments in past year: <u>190</u> |
| Maximum daily volume of treated water: <u>0.216 gallons 24 raceways</u> | Treatment concentration (specify units): <u>0.0134 gallons</u> | Duration and frequency of treatment(s): <u>A quick dip is all</u> | |
| Method of application: | <input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through | <input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe): | |
| Location in facility chemical was used (check all that apply): | <input checked="" type="checkbox"/> Raceways <input type="checkbox"/> Incubation building | <input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin | <input type="checkbox"/> Other (describe): |
| Where did water treated with this chemical go? (check all that apply): | <input checked="" type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin | <input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works | <input type="checkbox"/> Other (describe): |
| Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: | | | |

2 1/3 gallon 50 gallons in barrel

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Aquaculture Drugs and Chemicals (cont'd)

Additional Reporting Requirements for Water-Borne Treatments

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

| Static Bath Treatments <i>See Attached Sheet</i> | | |
|--|---|--|
| Tank Volume | <i>16 1/2" x 182 1/2" x 5" Egg Trough</i> | Liters |
| Desired Static Bath Treatment Concentration | <i>7.5 ppm active solution</i> | µg/L |
| Volume of Product Needed | <i>1860 mls.</i> | Liters Product |
| Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient | Solution: <i>65 gallons</i> Active Ingredient: <i>0.65 gallons</i> | Specify Units |
| Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day | <i>5,400 gallons per minute x 60 minutes x 24 hours = 7,776,000</i> | Specify Units |
| Maximum % of Facility Discharge Treated | <i>100% to EPA Settling Basin</i> | <i>all PVP Iodine rated to EPA Settling Pond</i> % of Total Discharge |

231 cu. inches = 1 gallon H₂O

| Flow-Through Treatments <i>See Attached Sheet</i> | | |
|--|---|----------------------|
| Tank Volume | | Liters |
| Calculated Flow Rate | | Liters/Minute |
| Duration of Treatment | | Minutes |
| Desired Flow-Through Treatment Concentration of Product | | µg/L |
| Amount of Product to Add Initially | | Liters Product |
| Amount of Product to Add During Treatment | | mL/Minute |
| Total Volume of Product Needed | | Liters Product |
| Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient | Solution: Active Ingredient: | Specify Units |
| Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day | <i>5,400 gallons per minute x 60 minutes x 24 hours = 7,776,000</i> | Specify Units |
| Maximum % of Facility Discharge Treated | | % of Total Discharge |

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Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.

None of any significance at all.

Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | |
|---|--------------------------------------|
| <i>Daniel M. Magnuson</i> | <i>Supervisory Fishery Biologist</i> |
| Printed name of person signing | Title |
|  | <i>January 20, 2020</i> |
| Applicant Signature | Date Signed |

Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191
Washington Hatchery Annual Report
1200 Sixth Avenue, Suite 900
Seattle, WA 98101-3140

2019 ANNUAL REPORT FOR QUILCENE NATIONAL FISH HATCHERY

CHEMICAL USE IN FISH CULTURE

Western Chemical's Ovadine (PVP Iodine): 1860 mls are used, equating to 0.49 gallons. This is routed to the settling basin and further diluted by the 355,348 gallons of water in the settling basin itself.

This is thus a 0.000001378 total product concentration, and for total active ingredient is 0.000000137

Western Chemical's 1.75% Iodine: the highest concentration would be dipping mortality without pond cleaning. Since mortality is generally at the tail screens and at our 600 g.p.m. flows per raceway it is quickly overflowed out of the raceway, it is being diluted by 9 raceways X 600 g.p.m. each = 5,400 g.p.m. aggregate flows. So 0.0009 gallons per dip of 1.75% Iodine total product concentration is thus 0.000000166, and at its 1.75% active ingredient level is 0.000000002

Western Chemical's Parasite – S: this product is administered at a rate of 4 gallons over 20 minutes into 10,713 gallons of water within the raceway, which is in turn at 300 g.p.m. flows during treatment. So the treatment is .2 gallons per minutes into 300 g.p.m. raceway inflows.

All is discharged down to the settling basin. So the entire 4 gallons of Parasite –S is received by 355,348 gallons of water down there, resulting in a maximum total concentration of 0.0113, or 0.0000042 for the active ingredient.

Hach Free Chlorine Reagent Set: we used 9460 mLs. over the entire course of the 2019 calendar year; using the label, I could not determine how much of this product is active ingredient, so for worst case scenario I considered all of it active ingredient. The Hach CL-17 using these reagents runs 24 hours per day, and is mixed into approximately 3 c.f.s. of water, or 1,346 g.p.m. overflowing from the pre-settling basin also all 24 hours of the day.

Reagent use is thus 25.92 mLs per day, or 0.0069 gallons per day. This is discharged into 1,938,240 gallons of water over 24 hours, and yields a total concentration of 0.000000003.

The active ingredients for:

1.75% Iodine = 1.75% from Nonylphenoxypoly (ethyleneoxy) ethanol-iodine complex

PVP Iodine = 10% Povidone-Iodine Complex providing 1.0% minimum titratable iodine

Parasite – S = 37% formaldehyde

Effluent from the Main Hatchery Building (containing PVP Iodine used in water-hardening freshly spawned eggs) and Parasite – S are routed to the EPA Pond as is Parasite – S from the adult holding ponds. The hatchery 100% switched away from the former use of Perox – Aid for treating adults during the 2016 season; the last use of Perox – Aid was during the 2015 adult holding period.

Both the PVP and 1.75% Iodine solutions do not necessarily end up in the hatchery effluent, but are also used to disinfect raingear, waders and other equipment brought in by our partners before actual use at this station.